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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/526,173	03/15/2000	Isao Imamura	1714.0029	9971

5514 7590 04/08/2005

FITZPATRICK CELLA HARPER & SCINTO  
30 ROCKEFELLER PLAZA  
NEW YORK, NY 10112

EXAMINER

TUGBANG, ANTHONY D

ART UNIT	PAPER NUMBER
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3729

DATE MAILED: 04/08/2005

Please find below and/or attached an Office communication concerning this application or proceeding.



Serial No. : 09526173  
Applicant : Isao Imamura  
Filing Date : March 15, 2000  
Date Mailed : April 8, 2005

## ACKNOWLEDGEMENT OF REQUEST

### *Notice of Allowance/Allowability Mailed*

The request for a corrected notice of allowance/allowability, dated January 27, 2005, has been received by the U.S. Patent and Trademark Office. A corrected notice of allowance/allowability will not be mailed, but the Office has verified the following information, and made any necessary corrections to Office computer data:

- The error in the title has been corrected as shown on the attached Bibliographic Data Sheet.

SANTANA SIBOUNHEUANG  
For the Office of Patent Publication



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Bib Data Sheet

CONFIRMATION NO. 9971

<b>SERIAL NUMBER</b> 09/526,173	<b>FILING OR 371(c) DATE</b> 03/15/2000 <b>RULE</b>	<b>CLASS</b> 029	<b>GROUP ART UNIT</b> 3729	<b>ATTORNEY DOCKET NO.</b> 1714.0029
<b>APPLICANTS</b> Isao Imamura, Kanagawa-ken, JAPAN;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 11-68328 03/15/1999 JAPAN 2000-68878 03/13/2000				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/19/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY JAPAN	SHEETS DRAWING 5	TOTAL CLAIMS 7
Examiner's Signature _____		Initials _____		
<b>ADDRESS</b> 05514				
<b>TITLE</b> A METHOD OF MANUFACTURING AN INK JET RECORDING HEAD				
<b>FILING FEE RECEIVED</b> 1120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	